								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 /0809/99														
			SMALL ENTITY TYPE			OR		THAN ENTITY						
T	OTAL CLAIMS		. 7					RAT	Ē	FEE	7	RATE	FEE	1
FC	DR	NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC	FEE	385.00	OR	BASIC FEE	770.00	1	
TO	TAL CHARGE	7 minus 20=		. ,			XS S) <u>.</u>		1	XS18=	1	1	
INC	DEPENDENT C	2 minus 3 =					X43=			OR	X86=	1		
_		NDENT CLAIM P							A43E		OR	X00=		
_								+145=			OR	+290=	1	
* If the difference in column 1 is less than zero, enter '0' in column 2									AL.		OR	TOTAL	770	1
CLAIMS AS AMENDED - PART II								CMA		ENTITY	ÓR.	OTHER		'
(Column 1) (Column 2) (Column 3) CLAMS HIGHEST								SMALL ENTITY				SMALL		1.
ΓA	11 /10/11	REMAINING AFTER AMENDMENT		NUMI PREVIO	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL		
EN	10/01/01											FEE	•	
NON	Total	. 16	Minus	-20	1	· 0		X\$ 9	=		OR	X\$18=	./	
AMENDMENT A	Independent	1 2	Minus	***	3	- 0		X43	2		OR	X86=	1	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								=		OR	+290=	7.	
	1,3 .						l	10				TOTAL		
	2-28-0 (Column 1) (Column 2) (Column 3)							DOIT. F			OR	ADDIT. FEE	··	ł
_	02 20	(Cotumn 1)		(Colun		(Column 3)								ł
AMENDMENT B		REMAINING		NUM	BER	PRESENT		RATI	=	ADDI- TIONAL		RATE	ADDI-	
		AFTER AMENDMENT	}	PREVIO		EXTRA				FEE		1	FEE	
	Total	. 41	Minus	- 2	0	-21		X\$ 9	=		OR	X\$18=	1050	
	Independent	. 4	Minus	3	3	- /	I	X43:			OR	¥αυ: X86=	200	
	FIRST PRESE	NTATION OF MI	JÉTIPLE DE	PENDENT	CLAIM			+145			OR	+290=		1
								101				TOTAL	1900	1
							,	DOIT. F			OR	ADDIT, FEE		ł
		(Column 1)		(Colun	nn 2)	(Column 3)				•			•	
AMENDA : NT C	`	CLAIMS REMAINING		HIGH		PRESENT	ا			ADDI-			ADDI-	1
		AFTER		PREVIO	USLY	EXTRA		RATE		TIONAL		RATE	TIONAL	į
5		AMENDMENT		PAID	TUH		4		=	FEE			FEE	! _
읽	Total	4	Minus	-		<u> </u>		X\$ 9	=		OR	X\$18=		1
3	independent	•	Minus ·			<u> </u>		X43=			OR	X86=		1
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								\dashv		• • •			1
							4	+145	-		OR	+290=		L
→ a	the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDI										OR	TOTAL ADOIT, FEE		
—H	the "Highest Num he "Highest Num	mber Previously Pa ber Previously Paid	iid For' IN TH d For' (Total o	IS SPACE is Independe	less the	n 3. enter "3." highest number				ropriate box	•		•	

FORM PTO-875 (Rev 10-03)